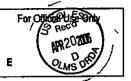
U.S. Department of Labor Office of abor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 03764	2 Fiscal Year Covered From			
	1 / 1 / 2005 Through 12 / 31 / 2005			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Michael L Elsberry	Name Locomitive Engineers			
	Labor Organization Fite Number 012-924			
P O Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 1404 Prospect Ave	Street 1946 118th Lane NE			
City Clinton	City Blaine			
State Iowa ZIP Code + 4 52732-6836	State Minnesota ZIP Code + 4 55449-5463			
5 Position in labor organization Vice General Chairman GCA UPRR				
	51			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income			
Name				
Trade Name if any				
PO Box Bidg Room No If any				
	7 b Amount.			
Street				
City				
State ZIP Code + 4	£			
	The Best ( )			
Signature  Signature				
Signed Michal 2, Elslight	On 03/13/2006 563-243-7227			
	Date Telephone Number			

Name of Person Filing Michael Elsberry		is wamper 0 03.	/64	
•				
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any)	9 Business deals with			
Name	a Labor Organization	1		
Trade Name If any	b Trust			
P O Box Bldg Room No If any				
Street				
State ZIP Code + 4				
	11 a Nature of such dealing			
10 If 9 b or 9 c is checked give trust or employer's name  Name				
Trade Name If any				
PO Box Bldg Room No If any				
Street	11 b Approximate dollar value o	of such dealing		
City				
	12 a Nature of interest held or income received			
State ZIP Code + 4				
			-	
	12 b Amount.			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.			
(including trade name if any)	April 6 2005 Dinne with many other BLE	T Representi	ves at Cesar s	
Name Yaeger Jungbauer Barzak & Roe PLC	Palace Christmas g binder Total estim	gift of a ham mated value o	Leather BLET logo ver \$250 00	
Trade Name if any				
PO Box Bidg Room No if any Suite 1400  Street 701 Fourth Avenue South				
Street 701 Fourth Avenue South  City Minneapolis				
State Minnesota ZIP Code + 4 55414				
	14 b Amount of payment.			
13 b Is the Business an Employer or Consultant 2 ?	14 0 Automit of balancists			